



Consumer Financial
Protection Bureau



U.S. Department of Justice
Civil Rights Division
Housing and Civil Enforcement Section

Eligibility Determination Request Form

If you did not receive a letter about the legal settlement between the Consumer Financial Protection Bureau and the Department of Justice and National City Bank and you think you should receive a payment, please complete and return this form. The Administrator will review your information with the government agencies and tell you whether you're eligible to receive a payment and how to get your payment. All decisions on eligibility are final.

BORROWER INFORMATION

First Name

Middle Name

Last Name

Suffix

I am: African American or Black Hispanic or Latino

Street Address 1: _____

Street Address 2: _____

City, State ZIP Code: _____

Phone Number: _____

Email Address: _____

RELATIONSHIP TO BORROWER

- Borrower.** I am the borrower listed above and I am completing this form for myself.
- Borrower's Attorney.** I am an attorney completing this form on behalf of my client.*
- Heir or Representative of Estate.** Borrower is deceased.*
- Bankruptcy Trustee.** Borrower is a debtor in a bankruptcy proceeding. I am the Trustee.*
- Other.***

**Third Party Representative section must be completed.*

LOAN INFORMATION

Please provide information about the mortgage loan you obtained from National City Bank between 2002 and 2008 that you believe qualifies you to receive a payment as part of this settlement.

Loan property address: _____

Other borrowers on the loan: _____

Questions? Call 1-866-523-6751 or email info@NationalCityConsentOrder.com

Loan number: _____

Date loan obtained from National City Bank: _____

Is this loan account still open?:

Yes. To whom (what servicer) do you currently send payments?:

National City Bank

Other Servicer: _____

No. Date loan account was closed: _____

CERTIFICATION

The information I have provided on this form is true to the best of my knowledge. I understand that all decisions on eligibility are final.

Signature

Printed Name

Date

THIRD PARTY REPRESENTATIVE

Complete this section if this form is being completed by someone other than the borrower and attach proof of representation. If the borrower is deceased, please provide a death certificate and/or Orders of Estate.

Relationship to borrower (attach additional sheets if needed): _____

Name: _____

Title: _____

Firm/ Organization: _____

Street Address: _____

City, State ZIP Code: _____

Phone Number: _____

Email Address: _____

State Bar Number (if applicable): _____

Bankruptcy Case Caption (if applicable): _____

Return this form to:

National City Consent Order
Administrator
PO Box 4540
Portland, OR 97208-4540